

2004

Introduction to

# **PEBB Retiree Coverage**

For specific benefit questions, contact the plans listed below.

<b>Medical Plans</b>	<b>Web site address</b>	<b>Customer service phone numbers</b>	<b>TTY/TDD Customer service phone numbers (deaf, hard of hearing, or speech impaired)</b>
<b>Community Health Plan of Washington</b>	<a href="http://www.chpw.org">www.chpw.org</a>	206-521-8830 or 1-800-440-1561	1-800-833-6388
<b>Group Health Cooperative</b>	<a href="http://www.ghc.org">www.ghc.org</a>	206-901-4636 or 1-888-901-4636	711 or 1-800-833-6388
<b>Group Health Options, Inc.</b>	<a href="http://www.ghc.org">www.ghc.org</a>	206-901-4636 or 1-888-901-4636	711 or 1-800-833-6388
<b>Kaiser Foundation Health Plan of the Northwest</b>	<a href="http://www.kp.org">www.kp.org</a>	Portland 503-813-2000 or 1-800-813-2000	1-800-735-2900
<b>PacifiCare of Washington, Inc.</b>	<a href="http://www.pacificare.com">www.pacificare.com</a>	1-800-932-3004	1-800-786-7387
<b>RegenceCare</b>	<a href="http://www.wa.regence.com/pebb">www.wa.regence.com/pebb</a>	1-800-376-7926	253-573-3260
<b>Uniform Medical Plan PPO</b>	<a href="http://www.ump.hca.wa.gov">www.ump.hca.wa.gov</a>	425-670-3150 or 1-800-352-3968	1-888-923-5622
<b>Medicare Supplement Plans</b>	<b>Web site address</b>	<b>Customer service phone numbers</b>	<b>TTY/TDD Customer service phone numbers (deaf, hard of hearing, or speech impaired)</b>
<b>Medicare Supplement Plan E or J, administered by Premera Blue Cross</b>	<a href="http://www.premera.com">www.premera.com</a>	Seattle/Everett: 425-918-5252 All other areas: 1-800-295-1841	1-800-842-5357
<b>Medicare+Choice Plans</b>	<b>Web site address</b>	<b>Customer service phone numbers</b>	<b>TTY/TDD Customer service phone numbers (deaf, hard of hearing, or speech impaired)</b>
<b>Group Health Cooperative</b>	<a href="http://www.ghc.org">www.ghc.org</a>	206-901-4636 or 1-888-901-4636	711 or 1-800-833-6388
<b>Kaiser Senior Advantage</b>	<a href="http://www.kp.org">www.kp.org</a>	Portland 503-813-2000 or 1-800-813-2000	1-800-735-2900
<b>PacifiCare Secure Horizons</b>	<a href="http://www.securehorizons.com">www.securehorizons.com</a>	Current members 1-800-533-2743 Non-members 1-800-647-7328	Current members 1-800-786-7387 Non-members 1-800-387-1074
<b>Dental Plans</b>	<b>Web site address</b>	<b>Customer service phone numbers</b>	
<b>DeltaCare, administered by Washington Dental Service</b>	<a href="http://www.deltadentalwa.com/pebb.htm">www.deltadentalwa.com/pebb.htm</a>	1-800-650-1583	
<b>Regence BlueShield Columbia Dental Plan</b>	<a href="http://www.wa.regence.com/pebb">www.wa.regence.com/pebb</a>	1-800-376-7926	
<b>Uniform Dental Plan</b>	<a href="http://www.deltadentalwa.com/pebb.htm">www.deltadentalwa.com/pebb.htm</a>	1-800-537-3406	

If you want additional information about PEBB coverage, call a benefits specialist toll-free at 1-800-200-1004, Monday through Friday, 8 a.m. to 5 p.m. or visit our Web site at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov).

Table of Contents

Public Employees  
Benefits Board  
Members

The PEBB, created within the Health Care Authority, establishes eligibility requirements and approves plan benefits of all participating health care organizations. The following board members are appointed by the Governor:

Pete Cutler, Chair  
HCA Acting Administrator

Stephen M. Brown\*  
K-12 Representative

Helen Carlstrom  
K-12 Retiree Representative

Greg Devereux  
State Employees Representative

Sally Fox  
Benefits Management/  
Cost Containment Representative

Eugene Lux  
State Retirees Representative

Gary Robinson  
Benefits Management/  
Cost Containment Representative

Richard D. Rubin\*  
Benefits Management/  
Cost Containment Representative

Yvonne Tate  
Benefits Management/  
Cost Containment Representative

\* Non-voting member

Welcome to the Public Employees  
Benefits Board (PEBB) Program! ..... 1

How Do I Enroll? ..... 1

Questions and Answers ..... 2

Eligibility Summary ..... 3

Enrollment ..... 4

Plans Available by County ..... 5

How the Medical Plans Work ..... 8

Coordination of Benefits ..... 9

Medical Benefits Comparison ..... 10

How the Dental Plans Work ..... 15

Is a Managed-Care Dental Plan Right for You? ..... 16

Dental Benefits Comparison ..... 17

Life and Long-Term Care Insurance ..... 18

Appendix ..... 19

Monthly PEBB Retiree Rates  
Outline of Medicare Supplement Coverage  
Comparison of the Medicare+Choice Plan Benefits

Health plan comparisons in this document are based on information believed accurate and current, but be sure to confirm information before making decisions.

To obtain this document in another format (such as Braille or audio), call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.

# Welcome to the Public Employees Benefits Board (PEBB) Program!

Eligible retiring public employees have access to comprehensive health insurance coverage sponsored by the PEBB. As an eligible retiring employee, it is very **important to evaluate your PEBB health insurance options before or immediately upon retirement.** You have a **one-time opportunity** to enroll, so please take a few moments to review what the PEBB offers and the specific eligibility requirements.

The PEBB is pleased to offer a comprehensive health care

package that provides choice, access, value, and stability. The Washington State Health Care Authority (HCA) is the administering agency.

Take a look at the enclosed eligibility information, benefit summary, health plan service areas, and monthly premiums. If you have additional questions, please call 360-412-4200 or 1-800-200-1004. More information is also available online at **[www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov)**. We look forward to serving your health care needs.

## How Do I Enroll?

**If you don't enroll or defer coverage within the 60-day period, you forfeit all further rights to enroll in the PEBB program.**

If you cancel your PEBB retiree coverage, you will **not** be allowed to enroll later, except as outlined in "Deferring Coverage At or Following Retirement" on page 4.

**About 90 days before you retire:** Contact the Social Security Administration to enroll in Medicare Parts A and B if you or any eligible family members you wish to cover are entitled to Medicare either due to age (65) or disability.

**About 60 days before you retire:** Complete the card provided in your pension packet, and return it to the HCA. The HCA will send you a complete retiree insurance packet (including applications and the information you need).

**Within 60 days from the date active employer or continuous COBRA coverage ends:** Return your completed retiree application and/or any applicable forms to the HCA.

## How Much Does It Cost?

You can find a rate sheet in the Appendix. These rates are subject to change. Generally, rates change every January 1<sup>st</sup> after the PEBB negotiates new contracts with the health plans.

## Payment Options

- Deduct from your pension
- Invoice from the HCA
- Electronic funds transfer from your checking or savings account
- Volunteer Employee Benefit Association (VEBA) account (VEBA cannot pay for life insurance premiums.)

# Questions and Answers

**1. What types of PEBB health coverage can I enroll in as a retiree?** You may either enroll in medical/dental coverage or medical coverage only. Dental-only coverage is not available.

If you had PEBB life insurance as an employee, you may also choose to enroll in PEBB retiree term life insurance. You are not required to have medical coverage to enroll in this benefit.

Your PEBB benefits will continue as long as you select them within 60 days after your active employer or continuous COBRA coverage ends, and your retiree premiums are paid in full and on time.

**2. How do I know if my provider or hospital belongs to a plan?** Call the plan or your provider directly. Medical and dental plan phone numbers are listed in the front of this booklet. When you call the plan, be sure to mention you are a PEBB state of Washington retiree. Chances are that your provider or hospital participates in one or more of the PEBB plans.

You may also search for providers, hospitals, and pharmacies that contract with the PEBB medical plan you're interested in at the online Provider Directory at **[www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov)**. If a provider is listed, please call the medical plan(s) to confirm the provider's participation.

**3. If my family and I want the freedom to see any doctor or health care provider without a primary care provider referral, which plan should I enroll in?** The Uniform Medical Plan Preferred Provider Organization (UMP PPO) allows freedom of choice for all approved provider types. Some managed-care plans allow you to self-refer for certain benefits. However, your out-of-pocket expenses may be higher. Call the plans for details.

**4. If I travel outside Washington State and need to go to the doctor, am I still covered?** When you are enrolled in any of the PEBB plans, urgent or emergency care is covered if you travel outside Washington State. Coverage for other types of care received outside Washington State varies from plan to plan.

Contact the plans for specific benefit information.

**5. If I return to work, am I still eligible for PEBB retiree coverage?** If you return to work and are eligible for employer-sponsored benefits, you may defer your retiree coverage as soon as you are enrolled as an employee. When your employer-sponsored coverage ends, you must re-enroll in PEBB retiree coverage within 60 days of the date the other coverage ends. **Please refer to “Deferring Coverage At or Following Retirement” on page 4 for additional information.**

You may find the Public Employees Benefits Board's existing laws in chapter 41.05 of the Revised Code of Washington (RCW), and rules in chapters 182-08 and 182-12 of the Washington Administrative Code (WAC). These are available on the Office of the Code Reviser's Web site at **[slc.leg.wa.gov](http://slc.leg.wa.gov)** or by calling 360-786-6777 (RCWs) or 360-786-6698 (WACs).

# Eligibility Summary

**If you or any covered family members are entitled to Medicare, you must enroll in both Parts A and B to be eligible for PEBB coverage. You will need to send a copy of the Medicare card(s) to HCA as proof of enrollment.**

## Eligible Retirees

You're eligible to enroll in PEBB plans if you're a retiring or permanently disabled employee of a:

- State agency
- Public higher-education institution
- K-12 school district or educational service district
- PEBB employer group

Employees who are vested and retiring under:

- **Public Employees Retirement System (PERS) 1, 2, or 3**
- **Teachers Retirement System (TRS) 1, 2, or 3**
- **Higher Education Retirement Plan (e.g., TIAA-CREF)**
- **School Employees Retirement System (SERS) 2 or 3**
- **Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF) 1 or 2**
- **Washington State Patrol Retirement System (WSPRS) 1 or 2**
- **State Judges/Judicial Retirement System**

must immediately begin receiving a retirement allowance or take a lump-sum payment because their monthly benefit would be less than the minimum amount determined by the Department of Retirement Systems (**with the following exceptions**).

Employees retiring from **PERS Plan 3, TRS Plan 3, or SERS Plan 3** must be at least age 55 with at least 10 years of service credit when they separate from employment.

Employees retiring from a **Higher Education Retirement Plan** (e.g., TIAA-CREF) must be age 55 with 10 years of service or at least age 62.

## Eligible Dependents

As a retiree enrolled in a PEBB plan, you may cover any of the following dependents:

- Lawful spouse or qualified same-sex domestic partner
- Children through age 19
- Registered students through age 23
- Disabled dependents (approved by the HCA)
- Extended (legal) dependents (approved by the HCA)

---

For more detailed information on retiree or dependent eligibility, go to PEBB's Web site at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov), or call a PEBB benefits specialist at 1-800-200-1004.

---

## Enrollment

You must return your completed enrollment form within 60 days of the date your employer or continuous COBRA coverage ends to enroll in or defer retiree coverage. If you choose to enroll, your coverage will be effective the date your employee coverage ends.

Eligible retirees can enroll in PEBB coverage before enrolling in Medicare. In general, retirees are not entitled to Medicare until they reach age 65. However, some individuals may be entitled due to a disability. There are two parts to Medicare: Part A (helps pay for hospitalizations) and Part B (helps pay for clinic and doctor visits). PEBB retirees who are entitled to Medicare must enroll in both Parts A and B.

### Deferring Coverage At or Following Retirement

You may defer your enrollment in PEBB retiree medical and dental coverage under the following circumstances:

1. Prior to January 1, 2001, only if you were enrolled in a PEBB or Washington State K-12 school district-sponsored health plan as an employee or spouse of an employee.
2. Effective January 1, 2001, if you are continually covered under another comprehensive employer-sponsored medical plan as an active employee or as the spouse or qualified

same-sex domestic partner of an active employee.

3. Effective January 1, 2001, if you are enrolled in coverage through a federal retirement plan as a retiree or a retiree's dependent.

To defer medical and/or dental coverage in all instances, you must submit an enrollment form to HCA indicating your desire to defer coverage prior to the date coverage is to be deferred or within 60 days of the date you are eligible to apply for PEBB retiree benefits.

### Re-enrolling After Deferring Coverage

If you deferred enrollment in PEBB coverage under numbers 1 and 2, you may re-enroll during an open enrollment period or within 60 days of the date the other coverage ended. To re-enroll, you must submit an enrollment form and proof of continuous enrollment in other comprehensive coverage to HCA.

If you have deferred enrollment in PEBB coverage under number 3, you and your eligible dependents will have a one-time opportunity to re-enroll in PEBB medical and dental coverage. You or your eligible dependents must submit an enrollment form and proof of continuous enrollment in a federal retiree medical plan to the HCA either during an open enrollment period or within 60 days after the date the other coverage ends.

**Note:** If you defer enrollment in a PEBB retiree medical plan, you may not continue enrollment in a PEBB dental plan. To continue retiree term life coverage, you must select the coverage upon retirement and continue to pay premiums while PEBB coverage is deferred.

### Duration of Coverage

- PEBB coverage lasts indefinitely as long as you pay your premiums.
- Coverage for your dependents ends on the last day of the month in which they cease to be eligible under PEBB rules.
- If you die, your surviving spouse's or qualified same-sex domestic partner's coverage can continue as long as premiums are paid. Other family members may continue coverage until they are no longer eligible under PEBB rules. To continue coverage, your spouse or qualified same-sex domestic partner must apply within 90 days of your death.
- Enrollment changes are allowed each year during open enrollment.

### Cancellation

If you cancel your PEBB retiree coverage, you forfeit the right to re-enroll later unless you are covered as outlined under "Deferring Coverage At or Following Retirement."



# Plans Available by County

## Washington

---

### Adams

- Community Health Plan of Washington
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

### Asotin

- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

### Benton

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

### Chelan

- Community Health Plan of Washington
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

### Clallam

- Medicare Supplement Plan E
- Medicare Supplement Plan J
- RegenceCare
- Uniform Medical Plan PPO

### Clark

- Kaiser Foundation Health Plan of the Northwest
- Kaiser Senior Advantage (Medicare+Choice)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare of Washington, Inc.
- PacifiCare Secure Horizons (Medicare+Choice)
- Uniform Medical Plan PPO

### Columbia

- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

### Cowlitz

- Community Health Plan of Washington
- Kaiser Foundation Health Plan of the Northwest
- Kaiser Senior Advantage (Medicare+Choice)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

### Douglas

- Community Health Plan of Washington
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

### Ferry

- Community Health Plan of Washington
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

### Franklin

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

### Garfield

- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

### Grant

- Community Health Plan of Washington
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

### Grays Harbor

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Codes 98541, 98557, 98559, and 98568)
- Group Health Cooperative (Medicare+Choice; ZIP Codes 98541, 98557, 98559, and 98568)
- Group Health Options, Inc. (ZIP Codes 98541, 98557, 98559, and 98568)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare of Washington, Inc. (ZIP Codes 98541 and 98557)
- RegenceCare
- Uniform Medical Plan PPO

### Island

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

### Jefferson

- Medicare Supplement Plan E
- Medicare Supplement Plan J
- RegenceCare
- Uniform Medical Plan PPO

---

In most cases, you must live in the plan's service area to join the plan. Be sure to call the plan(s) you're interested in to ask about provider availability in your county.

---



**King**

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare of Washington, Inc.
- PacifiCare Secure Horizons (Medicare+Choice)
- RegenceCare
- Uniform Medical Plan PPO

**Kitsap**

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

**Kittitas**

- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

**Klickitat**

- Community Health Plan of Washington
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

**Lewis**

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 98591, 98593, and 98596)
- Kaiser Senior Advantage (Medicare+Choice; ZIP Codes 98591, 98593, and 98596)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare of Washington, Inc.
- PacifiCare Secure Horizons (Medicare+Choice)
- Uniform Medical Plan PPO

**Lincoln**

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Codes 99008, 99029, 99032, and 99122)
- Group Health Options, Inc. (ZIP Codes 99008, 99029, 99032, and 99122)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

**Mason**

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare of Washington, Inc. (ZIP Code 98584)
- RegenceCare
- Uniform Medical Plan PPO

**Okanogan**

- Community Health Plan of Washington
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

**Pacific**

- Medicare Supplement Plan E
- Medicare Supplement Plan J
- RegenceCare
- Uniform Medical Plan PPO

**Pend Oreille**

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Code 99009)
- Group Health Options, Inc. (ZIP Code 99009)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

**Pierce**

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare of Washington, Inc.
- PacifiCare Secure Horizons (Medicare+Choice)
- RegenceCare
- Uniform Medical Plan PPO

**San Juan**

- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

**Skagit**

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- RegenceCare
- Uniform Medical Plan PPO

**Skamania**

- Community Health Plan of Washington
- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 98639 and 98648)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

**Snohomish**

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare of Washington, Inc.
- PacifiCare Secure Horizons (Medicare+Choice)
- RegenceCare
- Uniform Medical Plan PPO

**Spokane**

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

**Stevens**

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Codes 99006, 99013, 99026, 99034, 99040, 99110, 99148, and 99173)
- Group Health Options, Inc. (ZIP Codes 99006, 99013, 99026, 99034, 99040, 99110, 99148, and 99173)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

**Thurston**

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- PacifiCare of Washington, Inc.
- PacifiCare Secure Horizons (Medicare+Choice)
- Uniform Medical Plan PPO

**Wahkiakum**

- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 98612 and 98647)
- Kaiser Senior Advantage (Medicare+Choice; ZIP Codes 98612 and 98647)
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

**Walla Walla**

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

**Whatcom**

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Cooperative (Medicare+Choice)
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

**Whitman**

- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

**Yakima**

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Medicare Supplement Plan E
- Medicare Supplement Plan J
- Uniform Medical Plan PPO

For plan availability outside of Washington, call a PEBB benefits specialist toll-free at 1-800-200-1004 or go to PEBB's Web site at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov).

## How the Medical Plans Work

**Please note:** Not all types of plans are available in every county. Refer to “Plans Available by County” to find out which plans are available in your area.

There are several types of plans available to PEBB retirees.

### Standard Managed-Care Plans

These plans are offered to all retirees (where available) except Medicare retirees enrolled in Group Health Cooperative, Kaiser Permanente, and PacifiCare. These three medical plans require Medicare-enrolled retirees to enroll in their Medicare+Choice plan if they offer both a standard and Medicare+Choice plan in the same county.

Standard plans have a \$10 copay for many services, and help cover the deductible and coinsurance not covered by Medicare. Urgent or emergency care is covered even if you receive care outside of your health plan’s service area.

Most standard managed-care plans **require you to choose a primary care provider (PCP)** available through that plan. For most plans, if you go to a specialist without a referral from your PCP, you may be responsible for the total charges if you are not enrolled in Medicare, and for charges not paid by Medicare if you are enrolled in Medicare.

### Extended Network Managed-Care Plan

This plan is offered to all retirees (where available). This type of plan has network and

extended-network benefits. If you self-refer to a provider in the extended network rather than being referred by your PCP, the plan will still pay benefits, but at a lower level than if you followed the standard managed-care network guidelines and referral process.

Some extended-network benefits require payment of an annual deductible and copayment and/or coinsurance before the plan pays benefits. Then reimbursement is usually between 60 and 70 percent of allowed charges. Some benefits are not covered under the extended network. *Contact the plan for specific extended-network benefits.*

Urgent or emergency care is also covered if you receive services outside of Washington.

### Preferred Provider Organization (PPO)

The Uniform Medical Plan Preferred Provider Organization (UMP PPO) is available to all PEBB retirees worldwide. This state-administered, self-insured plan offers retirees the freedom to choose any approved provider type. It is also available to those who travel or live outside the state of Washington. You may receive services from any approved provider type, but reimbursement is higher if services are provided by a UMP network provider or, if you are

enrolled in Medicare, by a doctor or nurse who accepts Medicare assignment.

Most services are subject to an annual deductible and enrollee coinsurance/copay. See the UMP PPO certificate of coverage for details.

### **Medicare+Choice Plans**

These plans are only available to Medicare retirees through Group Health Cooperative, Kaiser Permanente, and PacifiCare. If these medical plans offer both a standard and Medicare+Choice plan in the same county and you are enrolled in Medicare Parts A and B, they will require you to enroll in the Medicare+Choice plan.

These plans contract with Medicare to provide all Medicare-covered benefits; however, most also cover the deductibles, coinsurance, and additional benefits not covered by Medicare.

### **Medicare Supplement Plans E and J**

These plans are only available to retirees enrolled in Medicare Parts A and B. Medicare Supplement Plans E and J allow the use of any Medicare-recognized physician or hospital nationwide. They are designed to pay some Medicare deductibles and coinsurances, but primarily supplement only those services that are covered by Medicare. Benefits such as vision, hearing exams, routine physical exams, and prescription drugs may have limited coverage or may not be covered at all.

## **Coordination of Benefits**

All PEBB plans use some form of “coordination of benefits” (COB) to coordinate benefit payments with other group plans, Medicaid, Medicare, and Workers’ Compensation. This typically occurs when you and your spouse or qualified same-sex domestic partner are both covered by group plans and/or Medicare, and your dependent(s) are covered under both plans. The COB provisions depend on whether you are enrolled to Medicare and which plan you join.

Many Medicare retirees think they can only enroll in a Medicare supplement plan. **This is not true.** Medicare retirees can choose from **any** of the PEBB plans described here, based on availability in their county.

# Medical Benefits Comparison

The following table briefly compares the network benefits for in-state services by the Uniform Medical Plan Preferred Provider Organization (UMP PPO) and in-network benefits for PEBB managed-care plans. Call the plans directly for more information on specific benefits or exclusions.

Benefits for:	Annual deductible	Annual out-of-pocket maximum	Office, clinic, & hospital visits	Ambulance (air)	Ambulance (ground)	Chemical dependency services (inpatient)
<b>Standard managed-care plans:</b> <i>Community Health Plan of Washington</i> <i>Group Health Cooperative</i> <i>Kaiser Foundation Health Plan of the Northwest</i> <i>PacifiCare of Washington, Inc.</i> <i>RegenceCare</i>  <b>Extended network managed-care plan (only in-network benefits described):</b> <i>Group Health Options, Inc.</i> <b>Please note:</b> Some extended-network benefits are subject to an annual deductible. Please contact the extended-network plan for details.	None	\$750 per person/ \$1,500 per family for network benefits	\$10 copay per office/clinic visit; hospital visits covered in full	\$100 copay per trip  <b>Exception:</b> <i>Kaiser Permanente</i> , \$75 copay per trip	\$75 copay per trip	Subject to inpatient hospital services copay; maximum plan payment of \$11,841 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment  <b>Exceptions:</b> <i>PacifiCare</i> and <i>RegenceCare</i> have a \$12,000 maximum plan payment
These plans offer a Medicare+Choice plan for Medicare retirees. For a description of Medicare+Choice plans, see the Appendix or contact the plans for specific benefits.						
<b>Preferred provider organization:</b> <i>Uniform Medical Plan PPO</i>  <b>Please note:</b> For services provided out-of-network and outside of Washington, please call the plan for details.  For Medicare Supplement Plan E or Plan J benefits (administered by Premera Blue Cross), refer to the Appendix.	Medical/surgical services: \$200 per person/\$600 per family (three or more people)  Prescription drug (retail and mail service): \$100 per person/\$300 per family (three or more people)	Medical/surgical services: \$1,125 per person/\$2,250 per family (does not apply to prescription drugs, non-network provider services, and other expenses as defined in the certificate of coverage)	90% reimbursement	80% of allowed charges reimbursement	80% of allowed charges reimbursement	Subject to inpatient hospital services copay; maximum plan payment of \$11,841 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment

Chemical dependency services (outpatient)	Diabetic education	Diagnostic testing	Durable medical equipment, supplies, and prostheses	Emergency room services	Hearing (examination & hardware)	Home health care	Hospice care (including respite care)	Inpatient hospital services
<p>Subject to office visit copay; maximum plan payment of \$11,841 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment</p> <p><b>Exceptions:</b> <i>Pacificare</i> and <i>RegenceCare</i> have \$12,000 maximum plan payment</p>	\$10 copay per visit	100%	80% of allowed charges	\$75 copay per visit; emergency room copay waived if admitted to hospital inpatient status	<p>Examination: Subject to office visit copay</p> <p>Hardware: \$300 maximum plan payment every 36 consecutive months for hearing aid and rental/repair when authorized</p>	100%	100% for terminally ill enrollees	\$200 copay per day to \$600 maximum copay per person per calendar year
90% reimbursement; maximum plan payment of \$11,841 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment	90% reimbursement	90% reimbursement	90% reimbursement; preauthorization required for equipment rentals beyond three months or purchases more than \$1,000	\$75 copay per visit, then reimbursed at 90%; copay waived if admitted to hospital inpatient status	90% reimbursement up to \$400 every 36 months for exams, hearing aid, and rental/repair combined	90% reimbursement	If pre-approved by plan, 100% reimbursement; \$5,000 lifetime maximum for respite care	\$200 copay per day to \$600 maximum copay per person per year



Benefits for:	Mental health care (inpatient)	Mental health care (outpatient)	Organ transplants	Outpatient surgery, ambulatory surgery centers	Physical, occupational, speech, & massage therapy (inpatient)	Physical, occupational, speech, & massage therapy (outpatient)
<p><b>Standard managed-care plans:</b></p> <p><i>Community Health Plan of Washington</i>  <i>Group Health Cooperative</i>  <i>Kaiser Foundation Health Plan of the Northwest</i>  <i>PacifiCare of Washington, Inc.</i>  <i>RegenceCare</i></p> <p><b>Extended network managed-care plan (only in-network benefits described):</b></p> <p><i>Group Health Options, Inc.</i></p> <p><b>Please note:</b> Some extended-network benefits are subject to an annual deductible. Please contact the extended-network plan for details.</p>	<p>Subject to inpatient hospital services copay; plan payment limit up to 10 days per year (For more information, contact the plans.)</p>	<p>\$10 copay per office/clinic visit, up to 20 visits per year</p>	<p>Facility: Subject to inpatient hospital services copay</p> <p>Professional services: 100%</p> <p>Bone marrow donor searches covered in full up to 15 searches per person per transplant</p>	<p>\$100 copay for facility fees per surgery or procedure (includes short-stay obstetrical services); surgeon, anesthesiologist, etc., paid in full</p>	<p>Subject to inpatient hospital services copay to 60 days per year</p>	<p>Subject to office visit copay to 60 visits per year for all therapies combined</p>
<p><b>Preferred provider organization:</b></p> <p><i>Uniform Medical Plan PPO</i></p> <p><b>Please note:</b> For services provided out-of-network and outside of Washington, please call the plan for details.</p>	<p>Subject to inpatient hospital services copay; plan payment limit up to 10 days per year</p>	<p>90% reimbursement per office/clinic visit, up to 20 visits per year</p>	<p>Hospital inpatient: Subject to inpatient hospital services copay; preauthorization required</p> <p>Professional services: 90% reimbursement; preauthorization required</p> <p>Bone marrow donor searches reimbursed at 90% up to 15 searches per person per transplant</p>	<p>90% reimbursement</p>	<p>Subject to inpatient hospital services copay to 60 days per calendar year; preauthorization required</p>	<p>90% reimbursement, up to a total of 60 visits per calendar year for all therapies combined (massage therapists must be network providers)</p>

For Medicare Supplement Plan E or Plan J benefits (administered by Premiera Blue Cross), refer to the Appendix.

Prescription drugs, insulin, and disposable diabetic supplies	Preventive care	Radiation & chemotherapy services	Skilled nursing facility care	Spinal manipulations (self-referred)	Temporomandibular joint (TMJ) disorder	Vision (examination)	Vision (hardware)
<p><b>Retail</b> (up to a month's supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$10 copay; formulary brand-name, \$25 copay; non-formulary, \$40 copay</p> <p><b>Mail-order</b> (up to 90-day supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$20 copay; formulary brand-name, \$50 copay; non-formulary, \$80 copay</p> <p><b>Exceptions:</b> <i>Group Health Cooperative</i> and <i>Group Health Options</i> have only \$10 and \$30 copays for retail, and \$20 and \$40 copays for mail order. <i>Kaiser Permanente</i> has only \$10 and \$25 copays for retail, and \$20 and \$50 copays for mail order.</p>	100%, subject to plan schedule	100%	Subject to inpatient hospital services copay; limited to 150 days per year, except if in lieu of hospitalization	50% up to \$250 maximum per year	Inpatient and outpatient surgical treatment paid at 50% to \$1,000 maximum plan payment per year; orthognathic surgery not covered	Subject to office visit copay; one exam every 24 consecutive months <b>Exception:</b> <i>PacifiCare</i> covers routine vision exams every 12 months (when provided by a plan-designated provider, subject to the office visit copay).	\$50 maximum plan payment once every 24 consecutive months <b>Exception:</b> <i>PacifiCare</i> covers an allowance of \$100 toward prescription eyeglass lenses and frames or contacts every 12 months when obtained through any provider.
<p>Up to 90-day supply (subject to prescription drug deductible)</p> <p><b>Retail:</b> Tier 1 (generic, all insulin, and all disposable diabetic supplies), 80% reimbursement*; Tier 2 (preferred brand), 70% reimbursement*; Tier 3 (non-preferred brand), 50% reimbursement</p> <p><i>*Tier 1 and 2 drugs purchased through a network retail pharmacy have a maximum enrollee cost-share of \$50 (up to a 30-day supply), \$100 (31- to 60-day supply), and \$150 (61- to 90-day supply)</i></p> <p><b>Mail order:</b> Tier 1, \$10 copay; Tier 2, \$40 copay; Tier 3, \$80 copay</p>	100%, subject to plan schedule (not subject to medical/surgical deductible)	90% reimbursement	Subject to inpatient hospital services copay; limited to 150 days per calendar year, except if in lieu of hospitalization	90% reimbursement to 10 visits per year	Surgical treatment covered same as any other condition; 90% reimbursement when preauthorized; orthognathic surgery not covered	90% reimbursement once every two calendar years (not subject to medical/surgical deductible)	\$100 maximum plan payment every two calendar years for frames, lenses, contacts, and fitting fees combined (not subject to medical/surgical deductible)

## How the Dental Plans Work

### More information on Washington Dental Service

Delta Dental is the parent company of Washington Dental Service (WDS). WDS administers several dental plans, including the Uniform Dental Plan (UDP) and DeltaCare. If you choose UDP or DeltaCare, be sure that you choose a WDS-contracting dentist who participates with your plan.

To enroll in dental coverage, you **must enroll** in PEBB medical coverage. If you enroll in a dental plan, you must continue dental coverage for **at least two years**. You have three dental plans to choose from:

### Preferred Provider Organization (PPO)

- The **Uniform Dental Plan (UDP)**, administered by Washington Dental Service (WDS), allows you the freedom to choose any dentist, but provides a higher reimbursement if your dentist contracts with WDS. The UDP *offers services in every county of Washington State*. Outside of Washington, services are reimbursed at a higher level than for services provided by non-PPO dentists in Washington.

### Managed-Care Plans

- **DeltaCare, administered by WDS**, requires selection of one of their network dentists when you enroll. **You must verify your dentist contracts with DeltaCare as WDS administers several types of dental plans, each with its own provider network.** This is important, as you could be responsible for costs if you receive care from a provider who is not in

the DeltaCare network.

*Providers are located in* Arlington\*, Auburn, Bellevue, Bellingham, Bremerton, Burien, Edmonds\*, Ellensburg, Everett, Federal Way, Kent, Kirkland, Lynnwood, Mill Creek, Mukilteo, Olympia, Puyallup, Redmond\*, Renton, Seattle, Shelton, Spokane, Tacoma, Tukwila, Tumwater, Vancouver, Wenatchee, Yakima, and Portland (Oregon).

*\*Not accepting new patients.*

- **Regence BlueShield Columbia Dental Plan**, with services provided by Willamette Dental Group (WDG), requires that you receive care from WDG dentists. Their *clinics are located in* Bellevue, Bellingham, Everett, Federal Way, Kent, Kirkland, Lakewood, Lynnwood, Northgate, Olympia, Puyallup, Richland, Seattle, Silverdale, Spokane, Tacoma, Tri-Cities (Kennewick), Tumwater, Vancouver, and Yakima.

**Please note:** Since dentist and clinic participation with the dental plans can change, please contact the dental plans to verify dentists and clinic locations.

## Is a Managed-Care Dental Plan Right for You?

The table on the following page briefly compares the features of the UDP and the managed-care dental plans. Before enrolling in a managed-care dental plan, it is important to answer the following questions:

- Is the dentist I have chosen accepting new patients? (Remember to identify yourself as a PEBB state of Washington retiree.)
- Am I willing to travel for services if I select a dentist in another service area?
- Do I understand that all dental care is managed through my primary care dentist or network provider, and I cannot self-refer for specialty care?

If the answer to these questions is yes, you may want to consider enrolling in a managed-care dental plan.

For full coverage provisions, including a description of limitations and exclusions, refer to a PEBB dental plan certificate of coverage (available through the dental plans).

**Please note:** Benefits for emergency care received out of the plan's service area; missed appointment charges; and the number of exams, x-rays, cleanings, and other procedures allowed in a certain time period vary from plan to plan. Contact the plans directly for details. (Dental plan phone numbers are listed at the front of this booklet.)

If you are receiving continuous dental treatment (such as orthodontia) and are considering changing plans, contact the plans directly to find out how they cover your continuous dental treatment if you enroll in their plan.

## Dental Benefits Comparison

For more details on benefits and exclusions, contact the plans.

	Preferred provider organization: ■ <i>Uniform Dental Plan</i>	Managed-care dental plans: ■ <i>DeltaCare</i> ■ <i>Regence BlueShield Columbia Dental Plan</i>
<b>Annual deductible</b>	\$50 per person/\$150 per family, except for diagnostic and preventive	No deductible
<b>Annual maximum</b>	\$1,500 plan reimbursement per person; except as otherwise specified for orthodontia, nonsurgical TMJ, and orthognathic surgery	No general maximum
<b>Dentures</b>	50%, PPO and out of state; 40%, non-PPO (dental plan payment)	\$140 copay, complete upper; \$40 copay, complete reline (chairside)
<b>Endodontics (root canals)</b>	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	\$50 copay, anterior; \$125 copay, molar
<b>Nonsurgical TMJ</b>	70%; \$500 lifetime maximum (dental plan payment)	70%; \$500 lifetime maximum (dental plan payment)
<b>Oral surgery</b>	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	\$0 copay, extraction primary teeth Extraction erupted teeth: <i>DeltaCare</i> , \$10 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$0 copay
<b>Orthodontia</b>	50%; \$750 lifetime maximum (dental plan payment)	Maximum copay per case: <i>DeltaCare</i> , \$1,500; <i>Regence BlueShield Columbia Dental Plan</i> , \$1,200
<b>Orthognathic surgery</b>	70%; \$5,000 lifetime maximum (dental plan payment)	70%; \$5,000 lifetime maximum (dental plan payment)
<b>Periodontic services</b>	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	\$75 copay, gingivectomy or gingivoplasty per quadrant; \$100 copay, osseous surgery per quadrant
<b>Preventive/diagnostic</b>	100%, PPO; 90%, out of state; 80%, non-PPO (dental plan payment)	100% (dental plan payment)
<b>Restorative crowns</b>	50%, PPO and out of state; 40%, non-PPO (dental plan payment)	Porcelain to metal crown: <i>DeltaCare</i> , \$175 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$140 copay. Full cast metal crown: <i>DeltaCare</i> , \$150 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$140 copay
<b>Restorative fillings</b>	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	Amalgam restorations (fillings), two surfaces: <i>DeltaCare</i> , \$10 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$0 copay

# Life and Long-Term Care Insurance

## Life Insurance

Employees who have PEBB life insurance are eligible to exercise two options:

- Convert optional life insurance to an individual whole life policy. To do this, you will need to complete the *Conversion of Your PEBB Group Life Policy* form within 60 days from the date your employer coverage ends.
- Enroll in retiree term life insurance. You will need to complete the “Life Insurance Enrollment Information” section of the *Retiree Medical and Dental Coverage* form within 60 days of the date your employer coverage ends.

The premium cost is \$2.19 per month, regardless of your age.

## Long-Term Care Insurance

The PEBB offers a long-term care plan underwritten by John Hancock. For more information about enrolling in a long-term care plan, call 1-800-399-7271.

## Retiree Term Life Insurance Benefit

Age At Time of Death	Amount of Insurance in Force At Time of Death
Under 65	\$3,000
65 through 69	2,100
70 and over	1,800



## Appendix

**Please note:** For more information on Medicare Supplement Plan E or Plan J, contact the plan directly. If you are enrolled in Medicare, you are not required to enroll in a Medicare supplement plan. However, if you decide to enroll in Plan E or J and have not already sent in a copy of your Medicare card, you will need to send a copy along with your enrollment forms.

## Monthly PEBB Retiree Rates

Effective January 1, 2004

### Special Requirements

1. To qualify for the Medicare rate, you must be enrolled in both Parts A and B of Medicare.
2. Medicare-enrolled subscribers in Group Health Cooperative's Medicare+Choice plan, Kaiser Senior Advantage, and PacifiCare Secure Horizons plans must agree to and sign the *Medicare+Choice Plan Election Form* to qualify for the lower Medicare rate. For more information on these requirements, please contact your health plan's customer service department.

### Medical Plans

Subscribers not eligible for Medicare (or enrolled in Part A only):	Community Health Plan of Washington	Group Health Cooperative	Group Health Options	Kaiser Foundation Health Plan of the Northwest	PacifiCare of Washington, Inc.	RegenceCare	Uniform Medical Plan Preferred Provider Organization
<b>Subscriber Only</b>	\$334.84	\$336.80	\$354.68	\$326.11	\$ 373.83	\$ 374.71	\$322.84
<b>Subscriber &amp; Spouse</b>	665.84	669.76	705.52	648.38	743.82	745.58	641.84
<b>Subscriber &amp; Child(ren)</b>	583.09	586.52	617.81	567.81	651.32	652.86	562.09
<b>Full Family</b>	914.09	919.48	968.65	890.08	1,021.31	1,023.73	881.09
Subscribers enrolled in Parts A & B of Medicare:							
<b>Subscriber Only</b>	208.21	145.88	212.10	103.66	140.03	241.34	125.92
<b>Subscriber &amp; Spouse (1 eligible)</b>	539.21	478.84	562.94	423.41	510.02	612.21	444.92
<b>Subscriber &amp; Spouse (2 eligible)</b>	412.58	287.92	420.36	203.48	276.22	478.84	248.00
<b>Subscriber &amp; Child(ren)</b>	456.46	395.60	475.23	345.36	417.52	519.49	365.17
<b>Subscriber &amp; Child(ren) (2 eligible)</b>	412.58	287.92	420.36	203.48	276.22	478.84	248.00
<b>Full Family (1 eligible)</b>	787.46	728.56	826.07	667.63	787.51	890.36	684.17
<b>Full Family (2 eligible)</b>	660.83	537.64	683.49	445.18	553.71	756.99	487.25
<b>Full Family (3 eligible)</b>	616.95	429.96	628.62	303.30	412.41	716.34	370.08

Medicare rates shown above have been reduced by the state-funded contribution of \$102.35 per retiree per month.

For information, contact the Health Care Authority at 1-800-200-1004.

Medicare Supplement Plans				
	Premera Blue Cross			
	Plan E Retired	Plan E Disabled	Plan J Retired	Plan J Disabled
Subscriber Only	\$ 52.91	\$ 84.80	\$ 146.56	\$ 305.86
Subscriber & Spouse (1 eligible)*	371.91	403.80	465.56	624.86
Subscriber & Spouse (2 eligible - 1 retired, 1 disabled)	133.87	133.87	448.58	448.58
Subscriber & Spouse (2 eligible)	101.98	165.77	289.28	607.88
Subscriber & Child(ren) (1 eligible)*	292.16	324.05	385.81	545.11
Full Family (1 eligible)*	611.16	643.05	704.81	864.11
Full Family (2 eligible - 1 retired, 1 disabled)*	373.12	373.12	687.83	687.83
Full Family (2 eligible)*	341.23	405.01	528.53	847.13

Medicare rates shown above have been reduced by the state-funded contribution of \$102.35 per retiree per month.

\* If a Medicare supplement plan is selected, non-Medicare eligible dependents are enrolled in the Uniform Medical Plan Preferred Provider Organization (UMP PPO). The rates shown reflect the total rate due, including both the Medicare supplement and UMP PPO premiums.

**Retiree Life Insurance Self-Pay Rate - \$2.19 per month**

Dental Plans with Medical Plan	DeltaCare, administered by Washington Dental Service	Regence BlueShield Columbia Dental Plan	Uniform Dental Plan
Subscriber Only	\$ 32.38	\$ 39.05	\$ 35.38
Subscriber & Spouse	64.76	78.10	70.76
Subscriber & Child(ren)	64.76	78.10	70.76
Full Family	97.14	117.15	106.14

# Outline of Medicare Supplement Coverage

## Cover Page

### Benefit Plans E and J

Medicare supplement coverage can be sold in only ten (10) standard plans. This chart shows the benefits included in each plan. Every company must make available Plan A. Some plans may not be available in your state. The HCA is offering Plans E and J.

**BASIC BENEFITS:** Included in all plans.

**Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

**Medical Expenses:** Part B coinsurance (20% of Medicare-approved expenses).

**Blood:** First three pints of blood each year.

A	B	C	D	*E*	F	G	H	I	*J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance	Skilled Nursing Co-insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible				Part B Deductible
					Part B Excess (100%)	Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery			At-Home Recovery		At-Home Recovery	At-Home Recovery
							Basic Drugs \$1,250 limit	Basic Drugs \$1,250 limit	Extended Drugs \$3,000 limit
				Care					Care

SUBSCRIPTION CHARGES AND PAYMENT MODES:  
Rates Effective January 1, 2004

**Eligibility by Age**

**Eligibility by Disability**

**PLAN E**

\$ 98.14	PBC Total Monthly Rate
\$ 52.91	PEBB Retiree PAYS (Subscriber)
\$101.98	PEBB Retiree PAYS (Subscriber & Spouse)
\$ 98.14	State Resident PAYS (Subscriber)
\$196.28	State Resident PAYS (Subscriber & Spouse)

\$161.93	PBC Total Monthly Rate
\$ 84.80	PEBB Retiree PAYS (Subscriber)
\$165.77	PEBB Retiree PAYS (Subscriber & Spouse)
\$161.93	State Resident PAYS (Subscriber)
\$323.86	State Resident PAYS (Subscriber & Spouse)

**PLAN J**

\$245.07	PBC Total Monthly Rate
\$146.56	PEBB Retiree PAYS (Subscriber)
\$289.28	PEBB Retiree PAYS (Subscriber & Spouse)
\$245.07	State Resident PAYS (Subscriber)
\$490.14	State Resident PAYS (Subscriber & Spouse)

\$404.37	PBC Total Monthly Rate
\$305.86	PEBB Retiree PAYS (Subscriber)
\$607.88	PEBB Retiree PAYS (Subscriber & Spouse)
\$404.37	State Resident PAYS (Subscriber)
\$808.74	State Resident PAYS (Subscriber & Spouse)

## **SUBSCRIPTION CHARGES INFORMATION**

We, Premera Blue Cross (PBC), can only raise your subscription charges if we raise the subscription charge for all contracts like yours in this state.

## **DISCLOSURES**

Use this outline to compare benefits and subscription charges among contracts.

## **READ YOUR CONTRACT VERY CAREFULLY**

This is only an outline describing your contract's most important features. You must read the contract itself to understand all of the rights and duties of both you and your Medicare supplement carrier.

## **RIGHT TO RETURN CONTRACT**

If you find that you are not satisfied with your coverage, you may return it to 7001 - 220th St. S.W., Mountlake Terrace, Washington 98043-2124. If you send the contract back to us within thirty (30) days after you receive it, we will treat the contract as if it had never been issued and return all of your payments.

## **POLICY REPLACEMENT**

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new contract and are sure you want to keep it.

## **NOTICE**

This contract may not fully cover all of your medical costs.

Premera Blue Cross is not connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "The Medicare Handbook" for more details.

## **COMPLETE ANSWERS ARE VERY IMPORTANT**

Review the application carefully before you sign it. Be certain that all information has been properly recorded.



**PLAN E**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th day 91st day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --- Additional 365 days  --- Beyond the additional 365 days	All but \$840  All but \$210 a day  All but \$420 a day  \$0  \$0	\$840 (Part A deductible)  \$210 a day  \$420 a day  100% of Medicare eligible expenses \$0	\$0  \$0  \$0  \$0  All costs
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$105 a day \$0	\$0 Up to \$105 a day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

**PLAN E (continued)**  
**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\* Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Medical Expenses - In Or Out Of The Hospital And Outpatient Hospital Treatment,</b> such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare approved amounts* Remainder of Medicare approved amounts Part B excess charges (Above Medicare approved amounts)	   \$0 Generally 80%  \$0	   \$0 Generally 20%  \$0	   \$100 (Part B deductible) \$0  All costs
<b>Blood</b> First 3 pints Next \$100 of Medicare approved amounts* Remainder of Medicare approved amounts	 \$0 \$0 80%	 All costs \$0 20%	 \$0 \$100 (Part B deductible) \$0
<b>Clinical Laboratory Services - Blood Tests For Diagnostic Services</b>	 100%	 \$0	 \$0

**PARTS A & B**

<b>Home Health Care-Medicare Approved Services</b> Medically necessary skilled care services and medical supplies Durable medical equipment First \$100 of Medicare approved amounts* Remainder of Medicare approved amounts	   100%  \$0 80%	   \$0  \$0 20%	   \$0  \$100 (Part B deductible) \$0
--	------------------------------------	-----------------------------------	---

**PLAN E (continued)**  
**OTHER BENEFITS - NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Foreign Travel - Not Covered by Medicare</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	  \$0 \$0	  \$0 80% to a lifetime maximum benefit of \$50,000	  \$250 20% and amounts over the \$50,000 lifetime maximum
<b>Preventive Medicare Care Benefit - Not covered by Medicare</b> Annual physical and preventive tests and services such as: fecal occult blood test, digital rectal exam, mammogram, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, influenza shot, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare  First \$120 each calendar year Additional charges	      \$0 \$0	      \$120 \$0	      \$0 All costs

**PLAN J**  
**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st thru 90th day 91st day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --- Additional 365 days  --- Beyond the additional 365 days	All but \$840  All but \$210 a day  All but \$420 a day  \$0  \$0	\$840 (Part A deductible)  \$210 a day  \$420 a day  100% of Medicare eligible expenses \$0	\$0  \$0  \$0  \$0  All costs
<b>Skilled Nursing Facility Care*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$105 a day \$0	\$0 Up to \$105 a day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

**PLAN J (continued)**  
**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\* Once you have been billed \$100 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Medical Expenses - In Or Out Of The Hospital and Outpatient Hospital Treatment,</b> such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$100 of Medicare approved amounts*  Remainder of Medicare approved amounts Part B excess charges (Above Medicare approved amounts)	 \$0  Generally 80% \$0	 \$100 (Part B deductible)  Generally 20% 100%	 \$0  \$0 \$0
<b>Blood</b> First 3 pints Next \$100 of Medicare approved amounts*  Remainder of Medicare approved amounts	 \$0 \$0  80%	 All costs \$100 (Part B deductible)  20%	 \$0 \$0  \$0
<b>Clinical Laboratory Services - Blood Tests for Diagnostic Services</b>	100%	\$0	\$0

**PLAN J (continued)**  
**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Home Health Care-Medicare Approved Services</b> Medically necessary skilled care services and medical supplies Durable medical equipment First \$100 of Medicare approved amounts*  Remainder of Medicare approved amounts	 100%  \$0  80%	 \$0  \$100 (Part B deductible)  20%	 \$0  \$0  \$0
<b>At-home Recovery Services - Not covered by Medicare</b> Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan  Benefit for each visit  Number of visits covered (must be received within 8 weeks of last Medicare approved visit)   Calendar year maximum	   \$0  \$0   \$0	   Actual charges to \$40 a visit Up to the number of Medicare approved visits not to exceed 7 each week  \$1,600	   Balance



**PLAN J (continued)**  
OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Foreign Travel - Not Covered by Medicare</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	 \$0 \$0	 \$0 80% to a lifetime maximum benefit of \$50,000	 \$250 20% and amounts over the \$50,000 lifetime maximum
<b>Extended Outpatient Prescription Drugs - Not covered by Medicare</b> First \$250 each calendar year Next \$6,000 each calendar year  Over \$6,000 each calendar year	 \$0 \$0  \$0	 \$0 50% - \$3,000 calendar year maximum benefit \$0	 \$250 50%  All costs
<b>Preventive Medicare Care Benefit - Not covered by Medicare</b> Annual physical and preventive tests and services such as: fecal occult blood test, digital rectal exam, mammogram, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, influenza shot, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare  First \$120 each calendar year Additional charges	      \$0 \$0	       \$120 \$0	       \$0 All costs

## Comparison of the Medicare+Choice Plan Benefits

The chart below is a brief summary of the benefits available through the three Public Employees Benefits Board Medicare+Choice plans. **For a complete description of benefit limitations, maximums, and exclusions, contact the plans.**

**Please note:** Health plan comparisons in this document are based on information believed accurate and current, but be sure to confirm information with the health plans before making decisions.

Service Description	Kaiser Senior Advantage	Group Health Cooperative Medicare+Choice	PacifiCare Secure Horizons
Annual deductible	None	None	None
Annual out-of-pocket limit	\$600/person/year	\$300/person/year	\$750/person/year
Office and clinic visits	100% subject to \$10 copay per visit	100% subject to \$10 copay per visit	100% subject to \$10 copay per visit
Ambulance services			
Air ambulance	100% subject to \$50 copay	100%	100% subject to \$25 copay
Ground ambulance	100% subject to \$50 copay	100%	100% subject to \$25 copay
Ambulatory surgical center	100% subject to \$50 copay	100% subject to \$50 copay	100%
Chemical dependency services			
Inpatient	100%	100%	100% subject to \$150 copay per day; maximum \$600 copay per person per year
Outpatient	100% subject to \$10 copay per visit	100% subject to \$10 copay per visit	100% subject to \$10 copay per visit
Diabetic education	100% subject to \$10 copay per visit	100% subject to \$10 copay per visit	100% subject to \$10 copay per visit
Diagnostic testing, laboratory, mammograms, and x-ray	100%	100%	100%
Durable medical equipment, supplies, and prostheses	100%	100%	100%
Emergency room (copay waived if admitted directly from emergency room)	100% subject to \$50 copay per visit	100% subject to \$50 copay per visit	100% subject to \$50 copay per visit
Hearing			
Routine exams	100% subject to \$10 copay per exam	100% subject to \$10 copay per exam	100% subject to \$10 copay per exam
Hearing aids	100%; maximum of \$300 every 36 months	100%; maximum of \$300 every 36 months	100%; maximum of \$300 every 36 months
Home health and hospice care	100%	100%	100%

<b>Service Description</b>	<b>Kaiser Senior Advantage</b>	<b>Group Health Cooperative Medicare+Choice</b>	<b>PacifiCare Secure Horizons</b>
Hospital services			
Inpatient facility services	100%	100%	100% subject to \$150 copay per day; maximum \$600 copay per person per year
Inpatient professional services	100%	100%	100%
Outpatient surgery facility services	100% subject to \$50 copay	100% subject to \$50 copay	100%
Outpatient surgery professional services	100%	100%	100%
Mental health care			
Inpatient (up to 190 days lifetime)	100% up to 90 days per Medicare benefit period and 190 days in lifetime	100%; up to 190 days lifetime maximum if Medicare criteria are met	100% subject to hospital copay
Outpatient	100% subject to \$10 copay per visit	100% subject to \$10 copay per visit; no visit limit	100% subject to \$10 copay per visit
Neurodevelopmental therapy for children ages 6 and younger			
Inpatient—60 days per year	100%	100%	100% subject to hospital copay
Outpatient—60 visits per year for all therapies combined	100% subject to \$10 copay per visit	100% subject to \$10 copay per visit (visit limits do not apply)	100% subject to \$10 copay per visit
Organ transplants			
Inpatient facility services	100%	100%	100% subject to hospital copay
Inpatient professional services	100%	100%	100%
Phenylketonuna (PKU) supplements	100% when provided for the disorder	100% when provided for the disorder	100% when provided for the disorder
Physical, occupational, speech, and massage therapies		Day and visit limits do not apply	
Inpatient - 60 days per year	100%	100%	100% subject to hospital copay
Outpatient - 60 visits per year for all therapies combined	100% subject to \$10 copay per visit	100% subject to \$10 copay per visit	100% subject to \$10 copay per visit Outpatient rehabilitation facility: 100%

<b>Service Description</b>	<b>Kaiser Senior Advantage</b>	<b>Group Health Cooperative Medicare+Choice</b>	<b>PacifiCare Secure Horizons</b>
Prescription drugs (retail) – up to one month’s supply <div> <div>Formulary generic drugs, all insulin, and all disposable diabetic supplies</div> <div>Formulary brand-name</div> <div>Non-formulary (call the plan)</div> </div>	<div>100% subject to \$10 copay per prescription or refill</div> <div>Medicare-approved diabetic supplies: 100%</div> <div>100% subject to \$25 copay per prescription or refill</div> <div>N/A</div>	<div>100% subject to \$10 copay per prescription or refill</div> <div>Medicare-approved diabetic supplies: 100%</div> <div>100% subject to \$30 copay per prescription or refill</div> <div>N/A</div>	<div>100% subject to \$10 copay per prescription or refill</div> <div>Medicare-approved diabetic supplies: 100%</div> <div>100% subject to \$25 copay per prescription or refill</div> <div>100% subject to \$40 copay per prescription or refill</div>
Prescription drugs (mail order) – up to a 90-day supply <div> <div>Formulary generic drugs, all insulin, and all disposable diabetic supplies</div> <div>Formulary brand-name</div> <div>Non-formulary</div> </div>	<div>100% subject to \$20 copay per prescription or refill</div> <div>Medicare-approved diabetic supplies: 100%</div> <div>100% subject to \$50 copay per prescription or refill</div> <div>N/A</div>	<div>100% subject to \$20 copay per prescription or refill</div> <div>Medicare-approved diabetic supplies: 100%</div> <div>100% subject to \$40 copay per prescription or refill</div> <div>N/A</div>	<div>100% subject to \$20 copay per prescription or refill</div> <div>Medicare-approved diabetic supplies: 100%</div> <div>100% subject to \$50 copay per prescription or refill</div> <div>100% subject to \$80 copay per prescription or refill</div>
Preventive care	100%	100%	100%
Radiation and chemotherapy services	100%	100%	100%
Skilled nursing facility care; 150 days per benefit period	100%	100% when all Medicare guidelines are met	100% subject to inpatient hospital copay
Spinal manipulations <div> <div>With primary care provider (PCP) referral</div> <div>Self-referred</div> </div>	<div>100% subject to \$10 copay per visit</div> <div>50% to \$250 per year</div>	<div>100% subject to \$10 copay per visit when Medicare guidelines are met</div> <div>100% subject to \$10 copay per visit when Medicare guidelines are met</div>	<div>100% subject to \$10 copay per visit</div> <div>50% to \$250 per year</div>
Temporomandibular joint (TMJ) dysfunction (surgical)	100%	100% when Medicare guidelines are met	Covered as any other medical condition

<b>Service Description</b>	<b>Kaiser Senior Advantage</b>	<b>Group Health Cooperative Medicare+Choice</b>	<b>PacifiCare Secure Horizons</b>
<p>Vision care (routine)</p> <p>Routine eye exams: one exam every 24 months</p> <p>Hardware every 24 months: either lenses and frames, or contact lenses</p>	<p>100% subject to \$10 copay per exam; no visit limit for routine eye exams</p> <p>100% to \$100 maximum</p> <p>Hardware after cataract surgery (either lenses and frames, or contact lenses) 100% Amount over standard charges not covered.</p>	<p>100% subject to \$10 copay per exam</p> <p>One pair of standard lenses at allowable charges. Frames to \$100 maximum.</p>	<p>Routine eye exam (one exam every 12 months): 100% subject to \$10 copay per exam</p> <p>Lenses: 100% every 12 months</p> <p>Frames: 100% to \$100 maximum every 24 months</p> <p>Contact lenses (in lieu of lenses and frames): 100% to \$150 maximum every 12 months</p>

To obtain this document in another format (such as Braille or audio), call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805.  
TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701.



**Washington State  
Health Care Authority**  
*Public Employees Benefits Board*

PO Box 42684  
Olympia, WA 98504-2684